

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **July 1-15, 2007**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission.

Preapplication
☒ Application
Changed/Corrected Application

* 2. Type of Application.

☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Long Beach Police Department

* b. Employer/Taxpayer Identification Number (EIN/TIN):

950000703

* c. Organizational DUNS:

197871515

d. Address:

* Street1:

400 West Broadway

Street2:

* City:

Long Beach

County:

* State:

CA: California

Province:

* Country:

USA UNITED STATES

* Zip / Postal Code: 90802

e. Organizational Unit:

Department Name:

Long Beach Police Department

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name:

Brett

Middle Name:

* Last Name: Carter

Suffix:

Title: Grants Coordinator

Organizational Affiliation:

* Telephone Number: 562.570.7778

Fax Number:

* Email: bcarter@longbeach.gov

RECEIVED
JUL - 2 2007
STATE CLEARING HOUSE

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

C. City or Township Government

Type of Applicant 2: Select Applicant Type

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

Public Safety Partnership and Community Policing Grants

*** 12. Funding Opportunity Number:**

COPS-CPD-2007-07

* Title:

Violent Crime and Gangs

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):*** 15. Descriptive Title of Applicant's Project:**

Target Gang Task Force 07

Attach supporting documents as specified in agency instructions.

[Add Attachments](#)[Delete Attachments](#)[View Attachments](#)

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-037

* b. Program/Project CA-037

Attach an additional list of Program/Project Congressional Districts if needed.

CPDvcg07_congDistProj.doc

[Delete Attachment](#)[View Attachment](#)

17. Proposed Project:

* a. Start Date: 10/01/2007

* b. End Date: 03/31/2008

18. Estimated Funding (\$):

* a. Federal	499,911.25
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	499,911.25

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 07/02/2007.

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

Yes ☒ No ☐

21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: Anthony

Middle Name: W.

* Last Name: Harris

Suffix:

* Title: Chief of Police

* Telephone Number: 562.570.7301

Fax Number: 562.570.7114

* Email: anthony_bellis@longbeach.gov

* Signature of Authorized Representative: Completed by Grants.gov upon submission

* Date Signed: Completed by Grants.gov upon submission.

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

Preapplication

☒ Application

Changed/Corrected Application

* 2. Type of Application:

☒ New☐ Continuation☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier

State Use Only:

6. Date Received by State

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Long Beach Police Department

* b. Employer/Taxpayer Identification Number (EIN/TIN):

956000733

* c. Organizational DUNS:

197871515

d. Address:

* Street1:

400 West Broadway

Street2:

* City:

Long Beach

County:

* State:

CA California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code: 90802

e. Organizational Unit:

Department Name:

Long Beach Police Department

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name: Brett

Middle Name:

* Last Name: Carter

Suffix:

Title: Grants Coordinator

Organizational Affiliation:

* Telephone Number: 562.570.7778

Fax Number:

* Email: brcarter@longbeach.gov

RECEIVED

JUL - 2 2007

STATE CLEARING HOUSE

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

G. City or Township Government

Type of Applicant 2: Select Applicant Type

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

18.710

CFDA Title

Public Safety Partnership and Community Policing Grants

* 12. Funding Opportunity Number:

COPS-CPD-2007-01

* Title:

Institutionalizing Community Policing

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

* 15. Descriptive Title of Applicant's Project:

COPS Target Locations 07

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-037

* b. Program/Project CA-037

Attach an additional list of Program/Project Congressional Districts if needed.

CPDcp07_congDistProj.doc

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2007

* b. End Date: 03/31/2009

18. Estimated Funding (\$):

* a. Federal	496,890.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	496,890.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 07/02/2007

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

Yes

☒ No

21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: Anthony

Middle Name: W

* Last Name: Batts

Suffix:

* Title: Chief of Police

* Telephone Number: 562.570.7301

Fax Number: 562.570.7114

* Email: anthony_batts@longbeach.gov

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: P.E.A.C.E.

* b. Employer/Taxpayer Identification Number (EIN/TIN):

412241499

* c. Organizational DUNS:

800263175

d. Address:

* Street1:

94 E. 23rd Street

Street2:

* City:

Upland

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

91784

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Mr.

* First Name:

Wainwright

Middle Name:

Sean

* Last Name:

Watkins

Suffix:

Title: National Coordinator

Organizational Affiliation:

P.E.A.C.E.

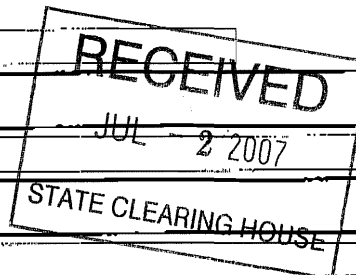
* Telephone Number:

8184343700

Fax Number:

* Email:

wainwatkins@peacemvp.net



Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

☒ Other (specify)

Type of Applicant 2: Select Applicant Type:

☒ Hispanic-serving Institution

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Network of Musicians

* 10. Name of Federal Agency:

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number

16.710

CFDA Title:

Public Safety Partnership and Community Policing Grants

* 12. Funding Opportunity Number:

COPS-CPD-2007-04

* Title:

Technology

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Nationwide

* 15. Descriptive Title of Applicant's Project:

Pro-Education Anti-Crime DVD Duplicators

Attach supporting documents as specified in agency instructions.

[Add Attachments](#)[Delete Attachments](#)[View Attachments](#)

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

CA-026

* b. Program/Project

CA-026

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

01/01/2008

* b. End Date:

12/31/2012

18. Estimated Funding (\$):

* a. Federal	500,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	500,000.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on

07/02/2007

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes☒ No

Explanation

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:	Mr.	* First Name:	Wainwright
Middle Name:	Sean		
* Last Name:	Watkins		
Suffix:			
* Title:	National Coordinator		
* Telephone Number:	8184348700	Fax Number:	
* Email:	wainwatkins@peacemvp.net		
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed:	Completed by Grants.gov upon submission.

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City of San Jose

* b. Employer/Taxpayer Identification Number (EIN/TIN):

94-6000419

* c. Organizational DUNS:

063541874

d. Address:

* Street1:

201 West Mission Street

Street2:

* City:

San Jose

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95110

e. Organizational Unit:

Department Name:

San Jose Police Department

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name: Christopher

Middle Name:

* Last Name: Moore

Suffix:

Title: Police Captain

Organizational Affiliation:

* Telephone Number: 408-277-5176

Fax Number:

* Email: christopher.moore@sanjoseca.gov

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

COPS-OTHERECH-2007-1

* Title:

COPS Law Enforcement Technology

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Santa Clara County

* 15. Descriptive Title of Applicant's Project:

Silicon Valley Interoperable Communications Initiative

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-013

* b. Program/Project CA-011

Attach an additional list of Program/Project Congressional Districts if needed.

SJPD COPS2007 - Congressional District

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 01/01/2008

* b. End Date: 01/01/2011

18. Estimated Funding (\$):

* a. Federal	6,005,522.00
* b. Applicant	2,001,840.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	8,007,362.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 06/28/2007 .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No Explanation

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Middle Name: * First Name: Sharon

* Last Name: Barbaccia

Suffix:

* Title: Grants Manager

* Telephone Number: 408-277-3037 Fax Number:

* Email: sharon.barbaccia@sanjoseca.gov

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>	
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: <input type="text"/>			
5a. Federal Entity Identifier: <input type="text"/>			* 5b. Federal Award Identifier: <input type="text"/>		
State Use Only:					
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>			
8. APPLICANT INFORMATION:					
* a. Legal Name: San Diego State University Research Foundation					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6042721			* c. Organizational DUNS: 073371346		
d. Address:					
* Street1: 5250 Campanile Drive		<div>RECEIVED JUL - 2 2007 STATE CLEARING HOUSE</div>			
Street2: <input type="text"/>					
* City: San Diego					
County: San Diego					
* State: <input type="text"/> CA: California					
Province: <input type="text"/>					
* Country: <input type="text"/> USA: UNITED STATES					
* Zip / Postal Code: 92182-1931					
e. Organizational Unit:					
Department Name: <input type="text"/>			Division Name: <input type="text"/>		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.		* First Name: Eugene			
Middle Name: L.					
* Last Name: Stein					
Suffix: <input type="text"/>					
Title: Director					
Organizational Affiliation: Sponsored Research Development					
* Telephone Number: 619-594-5731		Fax Number: 619-582-9164			
* Email: awards@foundation.sdsu.edu					

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:**Type of Applicant 3: Select Applicant Type:**

* Other (specify):

*** 10. Name of Federal Agency:**

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

Public Safety Partnership and Community Policing Grants

*** 12. Funding Opportunity Number:**

COPS-CPD-2007-08

* Title:

School and Campus Safety

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

San Diego State University Campus, San Diego, San Diego County, California

*** 15. Descriptive Title of Applicant's Project:**

SDSU Public Safety Enhancement Program

Attach supporting documents as specified in agency instructions.

[Add Attachments](#)[Delete Attachments](#)[View Attachments](#)

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-053

* b. Program/Project CA-053

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 09/01/2007

* b. End Date: 01/31/2009

18. Estimated Funding (\$):

* a. Federal	500,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	500,000.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 07/02/2007☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes☒ No

Explanation:

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:		* First Name:	Camille
Middle Name:			
* Last Name:	Nebeker		
Suffix:			
* Title:	Director, Division of Research Affairs		
* Telephone Number:	619-594-6622	Fax Number:	
* Email:	awards@foundation.sdsu.edu		
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed:	Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: National Council on Crime and Delinquency

* b. Employer/Taxpayer Identification Number (EIN/TIN):

131624111

* c. Organizational DUNS:

078708878

d. Address:

* Street1:

1970 Broadway

Street2:

Suite 500

* City:

Oakland

County:

Alameda

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94612

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name: Barry

Middle Name:

* Last Name: Krisberg

Suffix:

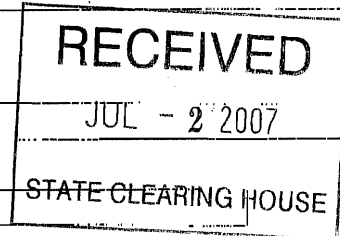
Title: President

Organizational Affiliation:

* Telephone Number: 5102080500 x311

Fax Number: 5102080500

* Email: bkrisberg@aol.com



Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

Public Safety Partnership and Community Policing Grants

* 12. Funding Opportunity Number:

COPS-CPD-2007-07

* Title:

Violent Crime and Gangs

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

* 15. Descriptive Title of Applicant's Project:

Toolkit, trainings, and technical assistance to implement and disseminate a community policing response to gangs.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-009

* b. Program/Project US-All

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

17. Proposed Project:

* a. Start Date: 09/01/2007

* b. End Date: 02/28/2009

18. Estimated Funding (\$):

* a. Federal	250,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	250,000.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 07/02/2007
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: First Name: Barry

Middle Name:

* Last Name: Krisberg

Suffix:

* Title: President

* Telephone Number: 5102080500 x311 Fax Number: 5102080511

* Email: bkrisberg@aol.com

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

B. APPLICANT INFORMATION:

* a. Legal Name: Los Angeles County Sheriff's Department

* b. Employer/Taxpayer Identification Number (EIN/TIN):

95-6000927

* c. Organizational DUNS:

028950878

d. Address:

* Street1: 4700 Ramone Boulevard

Street2:

* City: Monterey Park

County:

* State:

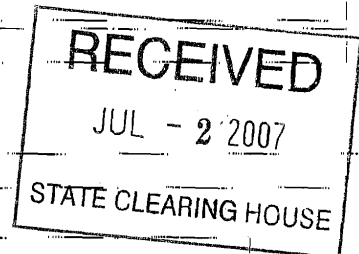
CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code: 91754



e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name: Abby

Middle Name:

* Last Name: Valdez

Suffix:

Title:

Organizational Affiliation:

* Telephone Number: (323) 526-5705

Fax Number:

* Email: arvaldez@lasd.org

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

Public Safety Partnership and Community Policing Grants

* 12. Funding Opportunity Number:

COPS-CPD-2007-10

* Title:

Open/Other Topics

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

* 15. Descriptive Title of Applicant's Project:

Homeless Social Services Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 24-37

* b. Program/Project 24-37

Attach an additional list of Program/Project Congressional Districts if needed.

Cong. Districts.doc

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2007

* b. End Date: 03/31/2009

18. Estimated Funding (\$):

* a. Federal	425,800.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	425,800.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 07/02/2007.
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: Leroy

Middle Name: D.

* Last Name: Baca

Suffix:

* Title: Sheriff, Los Angeles County

* Telephone Number: (323) 526-5000 Fax Number:

* Email: grants@lasd.org

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: P.E.A.C.E.

* b. Employer/Taxpayer Identification Number (EIN/TIN):

412241499

* c. Organizational DUNS:

800263175

d. Address:

* Street1:

94 E. 23rd Street

Street2:

* City:

Upland

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

91784

RECEIVED

JUL - 2 2007

STATE CLEARING HOUSE

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Mr.

* First Name:

Wainwright

Middle Name:

Sean

* Last Name:

Watkins

Suffix:

Title:

National Coordinator

Organizational Affiliation:

P.E.A.C.E.

* Telephone Number:

8184343700

Fax Number:

* Email:

wainwatkins@peacemvp.net

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

S: Hispanic-serving Institution

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Network of Musicians

* 10. Name of Federal Agency:

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

Public Safety Partnership and Community Policing Grants

* 12. Funding Opportunity Number:

COPS-CPD-2007-07

* Title:

Violent Crime and Gangs

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Nationwide

* 15. Descriptive Title of Applicant's Project:

Pro-Education Anti-Crime Music Videos (DVDs)

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	CA-026	* b. Program/Project
		CA-026
Attach an additional list of Program/Project Congressional Districts if needed.		
<div style="border: 1px solid black; padding: 2px;"><div style="border: 1px solid black; width: 200px; height: 15px; display: inline-block;"></div><div style="border: 1px solid black; padding: 2px; margin-left: 5px;">Add Attachment</div><div style="border: 1px solid black; padding: 2px; margin-left: 5px;">Delete Attachment</div><div style="border: 1px solid black; padding: 2px; margin-left: 5px;">View Attachment</div></div>		
17. Proposed Project:		
* a. Start Date:	01/01/2008	* b. End Date:
		12/31/2012
18. Estimated Funding (\$):		
* a. Federal	15,000,000.00	
* b. Applicant	0.00	
* c. State	0.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	15,000,000.00	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 07/02/2007.		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <div style="border: 1px solid black; padding: 2px; display: inline-block;">Explanation:</div>		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	Mr.	* First Name:
Middle Name:	Sean	Wainwright
* Last Name:	Watkins	
Suffix:		
* Title:	National Coordinator	
* Telephone Number:	8184343700	Fax Number:
* Email:	wainwatkins@peacemvp.net	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed:
		Completed by Grants.gov upon submission.

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: Preapplication <input checked="" type="checkbox"/> Application Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): * Other (Specify):	
* 3. Date Received: Completed by Grants.gov upon submission		4. Applicant Identifier:			
5a. Federal Entity Identifier:			5b. Federal Award Identifier:		
State Use Only:					
6. Date Received by State:		7. State Application Identifier:			
8. APPLICANT INFORMATION:					
* a. Legal Name: Police Assessment Resource Center, Inc.					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 13-4170074			* c. Organizational DUNS: 007851320		
d. Address:					
* Street1: 520 S. Grand Avenue, Suite 1070					
Street2:					
* City: Los Angeles					
County:					
* State: CA: California					
Province:					
* Country: USA: UNITED STATES					
* Zip / Postal Code: 90071					
e. Organizational Unit:					
Department Name:			Division Name:		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:		* First Name: Murrick			
Middle Name: J.					
* Last Name: Bobb					
Suffix:					
Title: President/Executive Director					
Organizational Affiliation:					
* Telephone Number: 213-623-5757			Fax Number: 213-623-5959		
* Email: murrickhobb@parc.info					

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

N: Nonprofit without 501(c)(3) IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

* 10. Name of Federal Agency:

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

Public Safety Partnership and Community Policing Grants

* 12. Funding Opportunity Number:

ICOPS-CPD-2007-06

* Title:

Ethics and Integrity

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

National

* 15. Descriptive Title of Applicant's Project:

Under Pressure: A Study of Community Factors that Affect Willingness to Cooperate with Police

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant: CA29th	* b. Program/Project: US-all	
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="button" value="Add Attachment"/>		
17. Proposed Project:		
* a. Start Date: 09/01/2007	* b. End Date: 03/31/2009	
18. Estimated Funding (\$):		
* a. Federal		102,616.00
* b. Applicant		0.00
* c. State		0.00
* d. Local		0.00
* e. Other		0.00
* f. Program Income		0.00
* g. TOTAL		102,616.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 07/02/2007.		
b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix: Mr.	* First Name: Merrick	
Middle Name: J.		
* Last Name: Bobb		
Suffix:		
* Title: President/Executive Director		
* Telephone Number: 213-797-1102		* Fax Number: 213-797-5069
* Email: merrickbobb@parc.info		
* Signature of Authorized Representative: Completed by Grants.gov upon submission.		* Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Police Assessment Resource Center, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN):

13-4178074

* c. Organizational DUNS:

087851320

d. Address:

* Street1: 520 S. Grand Avenue, Suite 1070

Street2:

* City: Los Angeles

County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 90071

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name: Merrick

Middle Name: J.

* Last Name: Bobb

Suffix:

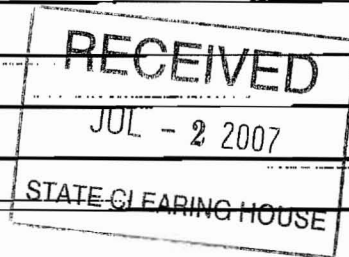
Title: President/Executive Director

Organizational Affiliation:

* Telephone Number: 213-623 5757

Fax Number: 213-623-5959

* Email: merrickbobb@parc.info



Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type: N: Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: * Other (specify):	
* 10. Name of Federal Agency: Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number: 16.710 CFDA Title: Public Safety Partnership and Community Policing Grants	
* 12. Funding Opportunity Number: COPS-CPD-2007-06 * Title: Ethics and Integrity	
13. Competition Identification Number: Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.): National	
* 15. Descriptive Title of Applicant's Project: Police Transparency: The Effects of Public Access to Police Disciplinary Records	
Attach supporting documents as specified in agency instructions. <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>	

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA29th

* b. Program/Project: US-all

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

17. Proposed Project:

* a. Start Date: 09/01/2007

* b. End Date: 03/31/2009

18. Estimated Funding (\$):

* a. Federal	85,062.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	85,062.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 07/02/2007.
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr. * First Name: Merrick

Middle Name: J.

* Last Name: Bobb

Suffix:

* Title: President/Executive Director

* Telephone Number: 213-623-5757

Fax Number: 213-213-5959

* Email: merrickbobb@parc.info

* Signature of Authorized Representative: Completed by Grants.gov upon submission.

* Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2006)

Prescribed by OMB Circular A-102

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

4. Applicant Identifier:

* Completed by Grants.gov upon submission.

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

RECEIVED
JUL - 2 2007
STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Police Assessment Resource Center, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN):

13-4178074

* c. Organizational DUNS:

007051320

d. Address:

* Street1:

520 S. Grand Avenue, Suite 1070

Street2:

* City:

Los Angeles

County:

* State:

CA- California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code: 90071

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name: Merrick

Middle Name: J.

* Last Name: Bobb

Suffix:

Title: President/Executive Director

Organizational Affiliation:

* Telephone Number: 213-623-5757

Fax Number: 213-623-5959

* Email: merrickbobb@parc.info

OMB Number: 1040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

N: Nonprofit without 501(C)3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

Public Safety Partnership and Community Policing Grants

* 12. Funding Opportunity Number:

COPS-CPD-2007-06

* Title:

Ethics and Integrity

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

National

* 15. Descriptive Title of Applicant's Project:

Not Every Problem is a Nail: SWAT Tactics and the Mentally Ill

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant: CA29th	* b. Program/Project: US-all	
Attach an additional list of Program/Project Congressional Districts if needed. <div style="text-align: center;"><input type="button" value="Add Attachment"/></div>		
17. Proposed Project:		
* a. Start Date: 09/01/2007	* b. End Date: 03/31/2009	
18. Estimated Funding (\$):		
* a. Federal	99,615.00	
* b. Applicant	0.00	
* c. State	0.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	99,615.00	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 07/02/2007		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix: Mr.	* First Name: Merrick	
Middle Name: J.		
* Last Name: Bobb		
Suffix:		
* Title: President/Executive Director		
* Telephone Number: 213-797-1102	* Fax Number: 213-797-5959	
* Email: merrickbobb@parc.info		
* Signature of Authorized Representative: Completed by Grants.gov upon submission.		
* Date Signed: Completed by Grants.gov upon submission.		

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Police Assessment Resource Center, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN):

13-4178074

* c. Organizational DUNS:

087851320

d. Address:

* Street1:

520 S. Grand Avenue, Suite 1070

* Street2:

* City:

Los Angeles

* County:

* State:

CA: California

* Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

90071

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name: Merrick

Middle Name: J.

* Last Name: Bobb

Suffix:

Title: President/Executive Director

Organizational Affiliation:

* Telephone Number: 213-623-5757

Fax Number: 213-623-5959

* Email: merrickbobb@parc.info

RECEIVED

JUL - 2 2007

STATE CLEARING HOUSE

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

N: Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

16 710

CFDA Title:

Public Safety Partnership and Community Policing Grants

* 12. Funding Opportunity Number:

COPS-CPD-2007-06

* Title:

Ethics and Integrity

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

National

* 15. Descriptive Title of Applicant's Project:

A Problem Comes Knocking: A Study of Warrant Applications and Service

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant: CA29th	* b. Program/Project: US-all	
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="button" value="Add Attachment"/>		
17. Proposed Project:		
* a. Start Date: 09/01/2007	* b. End Date: 03/31/2009	
18. Estimated Funding (\$):		
* a. Federal	99,015.00	
* b. Applicant	0.00	
* c. State	0.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	99,015.00	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 07/02/2007.		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix: Mr.	* First Name: Merrick	
Middle Name: J.		
* Last Name: Bobb		
Suffix:		
* Title: President/Executive Director		
* Telephone Number: 213-823-5757		* Fax Number: 213-210-5859
* Email: merrickbobb@parc.info		
* Signature of Authorized Representative: Completed by Grants.gov upon submission.		* Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

RECEIVED

JUL - 3 2007

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: County of Los Angeles Fire Department

* b. Employer/Taxpayer Identification Number (EIN/TIN):

95-6000927

* c. Organizational DUNS:

185580243

d. Address:

* Street1: 1320 North Eastern Avenue

Street2:

* City: Los Angeles

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code: 90063-3294

e. Organizational Unit:

Department Name:

LA County Fire Department

Division Name:

Technical Service Division

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name: Edward Broomfield

Middle Name:

* Last Name: Broomfield

Suffix:

Title: Battalion Chief, Grants Section

Organizational Affiliation:

* Telephone Number: (323) 838-2288

Fax Number: (323) 838-7408

* Email: ebroomfi@fire.lacounty.gov

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

Public Safety Partnership and Community Policing Grants

*** 12. Funding Opportunity Number:**

COPS-CPD-2007-03

* Title:

Homeland Security

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Counties and cities

*** 15. Descriptive Title of Applicant's Project:**

Terrorism Liaison Officer Training Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-031

* b. Program/Project CA-028

Attach an additional list of Program/Project Congressional Districts if needed.

The following Congressional Districts repr:

17. Proposed Project:

* a. Start Date: 01/01/2008

* b. End Date: 06/30/2010

18. Estimated Funding (\$):

* a. Federal	500,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	500,000.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 06/29/2007 .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: Edward

Middle Name:

* Last Name: Broomfield

Suffix:

* Title: Battalion Chief, Grants Section

* Telephone Number: (323) 838-2288 Fax Number: (323) 838-7408

* Email: ebroomfi@fire.lacounty.gov

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☒ Preapplication
☐ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

Center for Health Training

5a. Federal Entity Identifier:

Office of Women's Health

* 5b. Federal Award Identifier:

WH-MPP-07-01

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Center for Health Training

* b. Employer/Taxpayer Identification Number (EIN/TIN):

942401949

* c. Organizational DUNS:

170044572

d. Address:

* Street1: 614 Grand Avenue, Suite 400

Street2:

* City: Oakland

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code: 94610

RECEIVED

JUL - 3 2007

STATE CLEARING HOUSE

e. Organizational Unit:

Department Name:

NA

Division Name:

NA

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms.

* First Name: Patricia

Middle Name:

* Last Name: Blackburn

Suffix:

Title: Executive Director

Organizational Affiliation:

Center for Health Training

* Telephone Number: 510-835-3700

Fax Number: 510-625-9307

* Email: blackburn@jba-cht.com

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

N: Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Office of Public Health and Science

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

WH-MPP-07-001

* Title:

2007 Intergenerational Approaches to HIV/AIDS Prevention Education with Women Across the Lifespan Pilot Program

13. Competition Identification Number:

WH-MPP-07-001-008085

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Alameda County, California

*** 15. Descriptive Title of Applicant's Project:**

African American Women Across the Lifespan

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-009

* b. Program/Project CA-009

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 09/01/2007

* b. End Date: 08/31/2008

18. Estimated Funding (\$):

* a. Federal	300,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	300,000.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 06/30/2007 .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Ms. * First Name: Patricia

Middle Name:

* Last Name: Blackburn

Suffix:

* Title: Executive Director

* Telephone Number: 510-835-3700 Fax Number: 510-625-9307

* Email: blackburn@jba-cht.com

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

6/30/07

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

RECEIVED

JUL - 6 2007

State Use Only:

6. Date Received by State:

7. State Application Identifier:

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: National School Safety Center

* b. Employer/Taxpayer Identification Number (EIN/TIN):

770501247

* c. Organizational DUNS:

790387906

d. Address:

* Street1: 141 Duesenberg Drive, Suite 11

Street2:

* City: Westlake Village

County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 91362

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Dr.

* First Name: Ronald

Middle Name:

* Last Name: Stephens

Suffix:

Title:

Organizational Affiliation:

* Telephone Number: 805 373 9977

Fax Number: 805 373 9277

* Email: ronaldstephens@schoolsafety.us

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

Public Safety Partnership and Community Policing Grants

*** 12. Funding Opportunity Number:**

COPS-CPD-2007-08

* Title:

School and Campus Safety

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

*** 15. Descriptive Title of Applicant's Project:**

Bullying Prevention Through Problem Solving: A Resource Guide and Video for School-Based Partnerships

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-034

* b. Program/Project US-all

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 09/01/2007

* b. End Date: 08/31/2008

18. Estimated Funding (\$):

* a. Federal	175,150.15
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	175,150.15

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 07/02/2007 .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Dr. * First Name: Ronald

Middle Name:

* Last Name: Stephens

Suffix:

* Title: Executive Director

* Telephone Number: 805 373 9977 Fax Number: 805 373 9277

* Email: ronaldstephens@schoolsafety.us

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 07/09/2007	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input checked="" type="checkbox"/> Non-Construction		N/A: New	
5. APPLICANT INFORMATION			
Legal Name: City of Montebello		Organizational Unit: Department: Department of Transportation	
Organizational DUNS: 66677386	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 9 2007 STATE CLEARING HOUSE </div>	Division: N/A	Name and telephone number of person to be contacted on matters involving this application (give area code)
Address: Street: 400 South Taylor Ave.		Prefix: N/A	First Name: Miriam
City: Montebello		Middle Name N/A	Last Name Quiros
County: Los Angeles		Suffix: N/A	Email: mquiros@cityofmontebello.com
State: California	Zip Code 90640		
Country: USA			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000746		Phone Number (give area code) (323) 887-4625	Fax Number (give area code) (323) 887-4643
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-500		9. NAME OF FEDERAL AGENCY: Federal Transportation Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Montebello as well as 12 other neighboring communities in the eastern LA area		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The Clean Air Bus Replacement project will replace 39 buses that have exceeded their useful life (12 yrs or older) as defined by the FTA, in addition to 1 expansion bus making the total bus purchase of 40. The new Hybrid Gas Electric buses will enhance our current service by providing our patrons with more reliable and environmental friendly buses.	
13. PROPOSED PROJECT Start Date: May. 01, 2008 Ending Date: Dec. 31, 2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Montebello: 38 Grace F. Napolitano b. Project	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 971,779.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 07/09/2007	
b. Applicant	\$ 0.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 110,316.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ 0.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 0.00		
g. TOTAL	\$ 1,082,095.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix N/A	First Name Miriam	Middle Name N/A	
Last Name Quiros	Suffix N/A		
b. Title Management Analyst	c. Telephone Number (give area code) (323) 887-4625		
d. Signature of Authorized Representative	e. Date Signed 07/09/2007		

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): <div style="border: 1px solid black; height: 15px; width: 100%;"></div> * Other (Specify) <div style="border: 1px solid black; height: 15px; width: 100%;"></div>																	
* 3. Date Received: <div style="border: 1px solid black; padding: 2px;">Completed by Grants.gov upon submission.</div>		4. Applicant Identifier: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>																			
5a. Federal Entity Identifier: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>			* 5b. Federal Award Identifier: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>																		
State Use Only:																					
6. Date Received by State: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		7. State Application Identifier: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>																			
8. APPLICANT INFORMATION:																					
* a. Legal Name: <div style="border: 1px solid black; padding: 2px;">County of Los Angeles Fire Department</div>																					
* b. Employer/Taxpayer Identification Number (EIN/TIN): <div style="border: 1px solid black; padding: 2px;">95-6000927</div>			* c. Organizational DUNS: <div style="border: 1px solid black; padding: 2px;">185580243</div>																		
d. Address:																					
<table style="width: 100%;"><tr><td style="width: 15%;">* Street1:</td><td style="width: 85%;"><div style="border: 1px solid black; padding: 2px;">1320 North Eastern Avenue</div></td></tr><tr><td>Street2:</td><td><div style="border: 1px solid black; height: 15px; width: 100%;"></div></td></tr><tr><td>* City:</td><td><div style="border: 1px solid black; padding: 2px;">Los Angeles</div></td></tr><tr><td>County:</td><td><div style="border: 1px solid black; height: 15px; width: 100%;"></div></td></tr><tr><td>* State:</td><td><div style="border: 1px solid black; padding: 2px;">CA: California</div></td></tr><tr><td>Province:</td><td><div style="border: 1px solid black; height: 15px; width: 100%;"></div></td></tr><tr><td>* Country:</td><td><div style="border: 1px solid black; padding: 2px;">USA: UNITED STATES</div></td></tr><tr><td>* Zip / Postal Code:</td><td><div style="border: 1px solid black; padding: 2px;">90063-3294</div></td></tr></table>						* Street1:	<div style="border: 1px solid black; padding: 2px;">1320 North Eastern Avenue</div>	Street2:	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	* City:	<div style="border: 1px solid black; padding: 2px;">Los Angeles</div>	County:	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	* State:	<div style="border: 1px solid black; padding: 2px;">CA: California</div>	Province:	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	* Country:	<div style="border: 1px solid black; padding: 2px;">USA: UNITED STATES</div>	* Zip / Postal Code:	<div style="border: 1px solid black; padding: 2px;">90063-3294</div>
* Street1:	<div style="border: 1px solid black; padding: 2px;">1320 North Eastern Avenue</div>																				
Street2:	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>																				
* City:	<div style="border: 1px solid black; padding: 2px;">Los Angeles</div>																				
County:	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>																				
* State:	<div style="border: 1px solid black; padding: 2px;">CA: California</div>																				
Province:	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>																				
* Country:	<div style="border: 1px solid black; padding: 2px;">USA: UNITED STATES</div>																				
* Zip / Postal Code:	<div style="border: 1px solid black; padding: 2px;">90063-3294</div>																				
e. Organizational Unit:																					
Department Name: <div style="border: 1px solid black; padding: 2px;">LA County Fire Department</div>			Division Name: <div style="border: 1px solid black; padding: 2px;">Technical Service Division</div>																		
f. Name and contact information of person to be contacted on matters involving this application:																					
Prefix: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		* First Name: <div style="border: 1px solid black; padding: 2px;">Edward Broomfield</div>																			
Middle Name: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>																					
* Last Name: <div style="border: 1px solid black; padding: 2px;">Broomfield</div>																					
Suffix: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>																					
Title: <div style="border: 1px solid black; padding: 2px;">Battalion Chief, Grants Section</div>																					
Organizational Affiliation: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>																					
* Telephone Number: <div style="border: 1px solid black; padding: 2px;">(323) 838-2288</div>		Fax Number: <div style="border: 1px solid black; padding: 2px;">(323) 838-7408</div>																			
* Email: <div style="border: 1px solid black; padding: 2px;">ebroomfi@fire.lacounty.gov</div>																					

RECEIVED

JUL - 9 2007

STATE CLEARING HOUSE

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

Public Safety Partnership and Community Policing Grants

*** 12. Funding Opportunity Number:**

COPS-CPD-2007-03

* Title:

Homeland Security

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Counties and cities

*** 15. Descriptive Title of Applicant's Project:**

Terrorism Liaison Officer Training Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-031

* b. Program/Project CA-028

Attach an additional list of Program/Project Congressional Districts if needed.

The following Congressional Districts represent

17. Proposed Project:

* a. Start Date: 01/01/2008

* b. End Date: 06/30/2010

18. Estimated Funding (\$):

* a. Federal	500,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	500,000.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 06/29/2007.
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: Edward

Middle Name:

* Last Name: Broomfield

Suffix:

* Title: Battalion Chief, Grants Section

* Telephone Number: (323) 838-2288 Fax Number: (323) 838-7408

* Email: ebroomfi@fire.lacounty.gov

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)

1. TYPE OF SUBMISSION <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		2. DATE SUBMITTED <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Applicant Identifier <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
		3. DATE RECEIVED BY STATE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	State Application Identifier <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
4. Federal Identifier DE-FG02-86ER13525 (RENEWAL)			
5. APPLICANT INFORMATION * Organizational DUNS: 046705849			
* Legal Name: The Regents of the University of California			
Department: Office of Research Admin.		Division:	
* Street1: 300 University Tower		Street2:	
* City: Irvine		* State: CA: Californi	
Province:		* Country: UNITED ST * ZIP / Postal Code: 92697	
Person to be contacted on matters involving this application			
Prefix: * First Name: Christopher		* Last Name: Abernethy Suffix:	
* Phone Number: 949-824-1748		Fax Number: 949-824-2084 Email: cabernet@uci.edu	
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 95-2226406		7. * TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education Other (Specify): Small Business Organization Type <input type="checkbox"/> Women Owned <input checked="" type="checkbox"/> Socially and Economically Disadvantaged	
8. * TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Resubmission <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		9. * NAME OF FEDERAL AGENCY: Chicago Service Center	
If Revision, mark appropriate box(es). <input checked="" type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify):		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049 TITLE: Office of Science Financial Assistance Program	
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?		11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Membrane Bioenergetics of Salt Tolerant Organisms	
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) N/A			
13. PROPOSED PROJECT: * Start Date: 06/01/2008 * Ending Date: 05/31/2011		14. CONGRESSIONAL DISTRICTS OF: a. * Applicant: CA-048 b. * Project: CA-048	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION			
Prefix: * First Name: János		* Last Name: Lanyi Suffix:	
Position/Title: Professor		* Organization Name: The Regents of the University of California	
Department: Office of Research Admin.		Division:	
* Street1: 300 University Tower		Street2:	
* City: Irvine		* State: CA: Californi	
Province:		* Country: UNITED ST * ZIP / Postal Code: 92697	
* Phone Number: 949-824-7150		Fax Number: 949-824-8540 Email: jklanyi@uci.edu	

RECEIVED

JUL 10 2007

STATE CLEARING HOUSE

OMB Number: 4040-0001

Expiration Date: 04/30/2008

ATTN: GRANTS COORDINATOR

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding 682,883.00

b. * Total Federal & Non-Federal Funds 682,883.00

c. * Estimated Program Income 0.00

17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 07/10/2007

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ * I agree

* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

19. Authorized Representative

Prefix: * First Name: Middle Name: * Last Name: Suffix:

Mr. Christopher Abernethy

* Position/Title: Contract & Grant Officer * Organization: The Regents of the University of California

Department: Office of Research Admin. Division:

* Street1: 300 University Tower Street2:

* City: Irvine County: Orange * State: CA: Califon

Province: * Country: UNITED ST * ZIP / Postal Code: 92697

* Phone Number: 949-824-1749 Fax Number: 949-824-2094 * Email: cabernet@ucl.edu

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

Completed on submission to Grants.gov

20. Pre-application

Delete Attachment View Attachment

21. Attach an additional list of Project Congressional Districts if needed.

Delete Attachment View Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
Application		7-8-07	CA-03-0775-01
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	8-9-05	
<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
		8-9-05	1685

5. APPLICANT INFORMATION	
Legal Name:	Organizational Unit:
City of Redondo Beach	Department:
Organizational EUNS:	Harbor, Business and Transit
Address:	Division:
Street:	Beach Cities Transit
415 Diamond Street	Name and telephone number of person to be contacted on matters involving this application (give area code)
City:	Prefix:
Redondo Beach	Ms.
County:	First Name:
Los Angeles	Terisa
State:	Middle Name
CA	Lynn
Zip Code	Last Name
90277	Price
Country:	Suffix:
United States	

6. EMPLOYER IDENTIFICATION NUMBER (EIN)	Email:	Phone Number (give area code)	Fax Number (give area code)
95-6000767	terisa.price@redondo.org	310-372-1171 ext 2670	310-372-8021

8. TYPE OF APPLICATION:	7. TYPE OF APPLICANT: (See back of form for Application Types)
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	C - Municipal
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	Other (specify)
Other (specify)	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:	9. NAME OF FEDERAL AGENCY:
20-500	FTA Capital Grants Program
TITLE (Name of Program):	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Federal Transit Capital Investment Grants	Construction of the busway elements of an intermodal transit terminal servicing the western portion of the south bay subregion of Los Angeles

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Redondo Beach

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date:	a. Applicant
12/07	36th Congressional District
Ending Date:	b. Project
12/09	36th Congressional District

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
------------------------	--

a. Federal	\$	1,748,478.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant	\$	437,119.00	DATE: 7-9-07
c. State	\$	.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
d. Local	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other	\$	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
f. Program Income	\$	.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL	\$	2,185,597.00	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative		
Prefix	First Name	Middle Name
Ms.	Terisa	Lynn
Last Name	Suffix	
Price		
b. Title	c. Telephone Number (give area code)	
Transport Manager	(310) 372-1171 ext 2670	
d. Signature of Authorized Representative	e. Date Signed	
	7-08-07	

Previous Edition usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

TYPE OF SUBMISSION:

Application

☐ Construction☒ Non-Construction

Pre-application

☐ Construction☒ Non-Construction2. DATE SUBMITTED
July 3, 2007

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

APPLICANT INFORMATION

Legal Name:

Town of Mammoth Lakes

Organizational DUNS:

44603339

Address:

Street:
ICR 79, Box 209City:
Mammoth LakesCounty:
MonoState:
CaliforniaZip Code
93546Country:
USA

5. EMPLOYER IDENTIFICATION NUMBER (EIN):

77-0043067

6. TYPE OF APPLICATION:

☒ New☐ Continuation☐ RevisionRevision, enter appropriate letter(s) in box(es)
(see back of form for description of letters.)

Other (specify)

Change of Priority

0. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

20-106

TITLE (Name of Program):

Airport Improvement Program

2. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Town of Mammoth Lakes, California

3. PROPOSED PROJECT

Start Date:
007Ending Date:
2008

5. ESTIMATED FUNDING:

Federal	\$	8,113,000
Applicant	\$	224,175
State	\$	202,825
Local	\$	
Other	\$	
Program Income	\$	
TOTAL	\$	8,540,000

Organizational Unit:

Department: Public Works

Division:

Name and telephone number of person to be contacted on matters
involving this application (give area code)Prefix:
Mr.First Name:
WilliamMiddle Name
B.Last Name
Manning

Suffix:

Email:
wmanning@ci.mammoth-lakes.ca.usPhone Number (give area code)
760-934-3813Fax Number (give area code)
760-934-3119

7. TYPE OF APPLICANT: (See back of form for Application Types)

D - Township

Other (specify)

8. NAME OF FEDERAL AGENCY:
Federal Aviation Administration

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California
Reconstruction of Runway 9-27

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant
4thb. Project
4th16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
ORDER 12372 PROCESS?a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE
AVAILABLE TO THE STATE EXECUTIVE ORDER 12372
PROCESS FOR REVIEW ON

DATE: July 6, 2007

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE
FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation.☒ No8. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

Authorized Representative

Prefix:
Mr.First Name
WilliamMiddle Name
B.Last Name
Manning

Suffix

Title
Airport Manager

Signature of Authorized Representative

c. Telephone Number (give area code)
(760) 934-3813

e. Date Signed

Previous Edition Usable

Authorized for Local Reproduction

RECEIVED

JUL 10 2007

STATE CLEARING HOUSE

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 3, 2007	Applicant Identifier FY 2007 PL Overall Work Program
		3. DATE RECEIVED BY STATE	State Application Identifier 94-6001344-C
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: California Department of Transportation		Organizational Unit: Division of Transportation Planning	
Address (give city, county, State, and zip code): P.O. Box 942874, MS - 32 Sacramento, CA 94274-0001		Name and telephone number of person to be contacted on matters involving this application (give area code) C. Garth Hopkins, Acting Chief Office of Regional & Interagency Planning Transportation Planning. (916) 653-3362	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 — 6 0 0 1 3 4 7 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right; border: 1px solid black; width: 30px; float: right; margin-top: -20px;">A</div> <div style="clear: both;"></div> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 50%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>	
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: DOT, Federal Highway Administration, Region IX	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: right; border: 1px solid black; padding: 2px; display: inline-block;"> 2 0 — 5 1 5 </div> TITLE: Transit Planning and Research		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FY 2007/08 State Planning & Research Studies \$1,059,625 in Partnership Planning Grant Program \$5,000,000 in CA Regional Blueprint Planning Program	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California			
13. PROPOSED PROJECT FY 2007/08 OWP Program		14. CONGRESSIONAL DISTRICTS OF: California Statewide	
Start Date 7/1/07	Ending Date 6/30/08	a. Applicant Statewide	b. Project Statewide Planning & Research Studies
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 6,059,625 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 07/03/07 b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ ⁰⁰		
c. State	\$ ⁰⁰		
d. Local	\$ 1,514,906 ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 7,574,531 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative C. Garth Hopkins		b. Title Acting Chief, Office of Regional & Interagency Planning	c. Telephone Number (916) 653-3362
d. Signature of Authorized Representative 		e. Date Signed July 3, 2007	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 3, 2007	Applicant Identifier FY 2007 PL Overall Work Program
		3. DATE RECEIVED BY STATE	State Application Identifier 94-6001344-C
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: California Department of Transportation	Organizational Unit: Division of Transportation Planning
Address (give city, county, State, and zip code): P.O. Box 942874, MS - 32 Sacramento, CA 94274-0001	Name and telephone number of person to be contacted on matters involving this application (give area code) C. Garth Hopkins, Acting Chief Office of Regional & Interagency Planning Transportation Planning. (916) 653-3362

RECEIVED
 JUL 12 2007
 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 — 6 0 0 1 3 4 7	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; height: 20px; line-height: 20px; margin-top: -20px;">A</div>
--	---

8. TYPE OF APPLICATION:

☐ New
 ☒ Continuation
 ☐ Revision

 If Revision, enter appropriate letter(s) in box(es)
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify): _____

9. NAME OF FEDERAL AGENCY:
 DOT, Federal Highway Administration, Region IX

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

2 0 — 5 1 4

 TITLE: Transit Planning and Research

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 FY 2007/08 49 U.S.C., Chapter 53, Section 5303
 Metropolitan Planning Program - \$12,177,822
 FY 2007 49 U.S.C., Chapter 53, Section 5305
 State Planning & Research Program - \$2,390,046

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 State of California

13. PROPOSED PROJECT FY 2007/08 OWP Program	14. CONGRESSIONAL DISTRICTS OF: California Statewide
Start Date Ending Date 7/1/07 6/30/08	a. Applicant Statewide b. Project Statewide Transit Planning

15. ESTIMATED FUNDING:

a. Federal	\$	.00	\$14,567,868
b. Applicant	\$	.00	
c. State	\$	.00	
d. Local	\$	.00	\$1,887,422
e. Other	\$	.00	
f. Program Income	\$	.00	
g. TOTAL	\$	.00	\$16,455,290

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE 07/03/07
 b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative C. Garth Hopkins	b. Title Acting Chief, Office of Regional & Interagency Planning	c. Telephone Number (916) 653-3362
d. Signature of Authorized Representative 		e. Date Signed July 3, 2007

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 3, 2007	Applicant Identifier FY 2007 PL Overall Work Program
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier 94-6001344-C
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: California Department of Transportation	Organizational Unit: Division of Transportation Planning
Address (give city, county, State, and zip code): P.O. Box 942874, MS - 32 Sacramento, CA 94274-0001	Name and telephone number of person to be contacted on matters involving this application (give area code) C. Garth Hopkins, Acting Chief Office of Regional & Interagency Planning Transportation Planning. (916) 653-3362

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 — 6 0 0 1 3 4 7

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify) _____

8. TYPE OF APPLICATION:
☐ New ☒ Continuation ☐ Revision

 If Revision, enter appropriate letter(s) in box(es)

 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify): _____

9. NAME OF FEDERAL AGENCY:
 DOT, Federal Highway Administration, Region IX

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

2 0 — 2 0 5

 TITLE: MPO Highway Planning

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 FY 2007/08 Federal Planning Funds
 \$39,522,228 in FHWA PL Funds (Estimate)

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 State of California

13. PROPOSED PROJECT FY 2007/08 OWP Program	14. CONGRESSIONAL DISTRICTS OF: California Statewide								
<table style="width:100%;"> <tr> <td style="width:30%;">Start Date</td> <td style="width:30%;">Ending Date</td> <td style="width:40%;">a. Applicant</td> </tr> <tr> <td>7/1/07</td> <td>6/30/08</td> <td>Statewide</td> </tr> </table>	Start Date	Ending Date	a. Applicant	7/1/07	6/30/08	Statewide	<table style="width:100%;"> <tr> <td style="width:30%;">b. Project</td> <td style="width:70%;">Statewide Metropolitan Planning</td> </tr> </table>	b. Project	Statewide Metropolitan Planning
Start Date	Ending Date	a. Applicant							
7/1/07	6/30/08	Statewide							
b. Project	Statewide Metropolitan Planning								

15. ESTIMATED FUNDING:

a. Federal	\$	\$39,522,228 ⁰⁰
b. Applicant	\$	⁰⁰
c. State	\$	⁰⁰
d. Local	\$	\$5,120,523 ⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	\$44,642,751 ⁰⁰

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE 07/03/07

 b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative C. Garth Hopkins	b. Title Acting Chief, Office of Regional & Interagency Planning	c. Telephone Number (916) 653-3362
d. Signature of Authorized Representative 		e. Date Signed July 3, 2007

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 27, 2007	Applicant Identifier FY 2007 PL Overall Work Program
3. DATE RECEIVED BY STATE		State Application Identifier 94-6001344-C	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION

Legal Name: California Department of Transportation	Organizational Unit: Division of Transportation Planning
Address (give city, county, State, and zip code): P.O. Box 942874, MS - 32 Sacramento, CA 94274-0001	Name and telephone number of person to be contacted on matters involving this application (give area code) C. Garth Hopkins, Acting Chief Office of Regional & Interagency Planning Transportation Planning, (916) 653-3362

RECEIVED
 JUL 12 2007
 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN)

9 4 - 6 0 0 1 3 4 7

7. TYPE OF APPLICANT: (enter appropriate letter in box) A

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify) _____

8. TYPE OF APPLICATION:
☐ New ☒ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es)
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify): _____

9. NAME OF FEDERAL AGENCY:
 DOT, Federal Highway Administration, Region IX

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2 0 - 2 0 5 </div> TITLE: MPO Highway Planning	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FY 2007/08 Federal Planning Funds \$39,522,228 in FHWA PL Funds (Estimate)
--	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 State of California

13. PROPOSED PROJECT FY 2007 OWP Program	14. CONGRESSIONAL DISTRICTS OF: California Statewide								
<table style="width:100%;"> <tr> <td style="width:30%;">Start Date</td> <td style="width:30%;">Ending Date</td> <td style="width:40%;">a. Applicant</td> </tr> <tr> <td>7/1/07</td> <td>6/30/07</td> <td>Statewide</td> </tr> </table>	Start Date	Ending Date	a. Applicant	7/1/07	6/30/07	Statewide	<table style="width:100%;"> <tr> <td style="width:40%;">b. Project</td> <td style="width:60%;">Statewide Metropolitan Planning</td> </tr> </table>	b. Project	Statewide Metropolitan Planning
Start Date	Ending Date	a. Applicant							
7/1/07	6/30/07	Statewide							
b. Project	Statewide Metropolitan Planning								

15. ESTIMATED FUNDING: <table style="width:100%;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">\$39,522,228</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>\$5,120,523</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>\$44,642,751</td> <td>.00</td> </tr> </table>	a. Federal	\$	\$39,522,228	.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$	\$5,120,523	.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	\$44,642,751	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 06/27/07 b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	\$39,522,228	.00																										
b. Applicant	\$.00																										
c. State	\$.00																										
d. Local	\$	\$5,120,523	.00																										
e. Other	\$.00																										
f. Program Income	\$.00																										
g. TOTAL	\$	\$44,642,751	.00																										

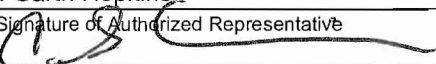
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative C. Garth Hopkins	b. Title Acting Chief, Office of Regional & Interagency Planning	c. Telephone Number (916) 653-3362
d. Signature of Authorized Representative		e. Date Signed June 27, 2007

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 27, 2007	Applicant Identifier FY 2007 PL Overall Work Program
3. DATE RECEIVED BY STATE		State Application Identifier 94-6001344-C	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: California Department of Transportation		Organizational Unit: Division of Transportation Planning	
Address (give city, county, State, and zip code): P.O. Box 942874, MS - 32 Sacramento, CA 94274-0001		Name and telephone number of person to be contacted on matters involving this application (give area code) C. Garth Hopkins, Acting Chief Office of Regional & Interagency Planning Transportation Planning. (916) 653-3362	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 — 6 0 0 1 3 4 7		7. TYPE OF APPLICANT: (enter appropriate letter in box) A A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: DOT, Federal Highway Administration, Region IX	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 — 5 1 4 TITLE: Transit Planning and Research		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FY 2007/08 49 U.S.C., Chapter 53, Section 5303 Metropolitan Planning Program - \$12,177,822 FY 2007 49 U.S.C., Chapter 53, Section 5305 State Planning & Research Program - \$2,390,046	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California			
13. PROPOSED PROJECT FY 2007 OWP Program		14. CONGRESSIONAL DISTRICTS OF: California Statewide	
Start Date 7/1/07	Ending Date 6/30/07	a. Applicant Statewide	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 14,567,868.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 06/27/07	
b. Applicant	\$.00	b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$ 1,887,422.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
f. Program Income	\$.00	a. Type Name of Authorized Representative C. Garth Hopkins	
g. TOTAL	\$ 16,455,290.00	b. Title Acting Chief, Office of Regional & Interagency Planning	
d. Signature of Authorized Representative 		c. Telephone Number (916) 653-3362	
e. Date Signed June 27, 2007		f. Date Signed June 27, 2007	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 27, 2007	Applicant Identifier FY 2007 PL Overall Work Program
		3. DATE RECEIVED BY STATE	State Application Identifier 94-6001344-C
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: California Department of Transportation		Organizational Unit: Division of Transportation Planning	
Address (give city, county, State, and zip code): P.O. Box 942874, MS - 32 Sacramento, CA 94274-0001		Name and telephone number of person to be contacted on matters involving this application (give area code) C. Garth Hopkins, Acting Chief Office of Regional & Interagency Planning Transportation Planning. (916) 653-3362	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 — 6 0 0 1 3 4 7 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; margin-top: -20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">A</div> </div>	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2 0 — 5 1 5 </div> TITLE: State Planning and Research Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FY 2007/08 State Planning & Research Funds \$1,059,625 in Partnership Planning Grant Program \$5,000,000 in CA Regional Blueprint Planning Program	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California		9. NAME OF FEDERAL AGENCY: DOT, Federal Highway Administration, Region IX	
13. PROPOSED PROJECT FY 2007 OWP Program		14. CONGRESSIONAL DISTRICTS OF: California Statewide	
Start Date 7/1/07	Ending Date 6/30/07	a. Applicant Statewide	b. Project Statewide Planning & Research Studies
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 6,059,625 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 06/27/07 b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ ⁰⁰		
c. State	\$ ⁰⁰		
d. Local	\$ 1,514,906 ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 7,574,531 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative C. Garth Hopkins		b. Title Acting Chief, Office of Regional & Interagency Planning	c. Telephone Number (916) 653-3362
d. Signature of Authorized Representative 		e. Date Signed June 27, 2007	

APPLICATION FOR FEDERAL ASSISTANCE

REVISION

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 4/16/04	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-044

5. APPLICANT INFORMATION

Legal Name: California Department of Veterans Affairs Address (give city, county, State, and zip code): 1227 "O" Street, Suite 314 Sacramento, CA 95814	Organizational Unit: Veterans Homes Division Name and telephone number of person to be contacted on matters involving this application (give area code): Robert M. Johnson Capital Outlay and Construction Division 916 653-0240
---	---

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9
4
—
6
0
3
8
1
5
7

RECEIVED

JUL 12 2007

STATE CLEARING HOUSE

7. TYPE OF APPLICANT: (enter appropriate letter in box)

<input type="checkbox"/> A. State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> G. Special District	<input checked="" type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> N. Other (Specify) _____
--	--

8. TYPE OF APPLICATION:
☐ New ☐ Continuation ☒ Revision
 If Revision, enter appropriate letter(s) in box(es)

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration
☐ D. Decrease Duration Other(specify): _____

A

9. NAME OF FEDERAL AGENCY:
 Department of Veterans Affairs

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 Grants to States for Construction Projects

6
4
—
0
0
5

TITLE: Acquisition of State Homes Facilities

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Veterans Homes of California-Greater Los Angeles-Ventura Counties

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 State of California: Cities of Los Angeles and Lancaster, County of Los Angeles
 Salicoy, County of Ventura

13. PROPOSED PROJECT

Start Date July, 2003	Ending Date Dec., 2009
---------------------------------	----------------------------------

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant
 Doris Matsul, 5th CA Congressional District

15. ESTIMATED FUNDING:

a. Federal	\$ 179,762,828.00
b. Applicant	\$
c. State	\$ 96,795,369.00
d. Local	\$
e. Other	\$
f. Program Income	\$
g. TOTAL	\$ 276,558,197.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE 4/19/04
 b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Tom Johnson	b. Title Secretary	c. Telephone Number 916 651-2547
d. Signature of Authorized Representative 		e. Date Signed 3/8/07

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: City of Mendota		<div style="border: 2px solid black; padding: 10px; font-size: 24px; font-weight: bold;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; font-size: 18px; font-weight: bold;">JUL 12 2007</div> <div style="border: 1px solid black; padding: 5px; font-size: 18px; font-weight: bold;">STATE CLEARING HOUSE</div>	Organizational Unit: Department:	
Organizational DUNS: 036785228			Division:	
Address: Street: 643 Quince Street			Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Mendota			Prefix: Mr.	First Name: Gabriel
County: Fresno		Middle Name:		
State: CA		Last Name: Gonzalez		
Zip Code: 93640		Suffix:		
Country: USA		Email: ggonzalez@cl.mendota.ca.us		

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 6 0 0 0 3 6 9

Phone Number (give area code) 559.655.3291	Fax Number (give area code) 559.655.4064
---	---

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

municipality
Other (specify)

9. NAME OF FEDERAL AGENCY:
Economic Development Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE (Name of Program):
PWEDA Section 203: Planning Program 11.302

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Fresno County (Firebaugh, Mendota and San Joaquin)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Tri Cities Infrastructure Master Plan

13. PROPOSED PROJECT

Start Date: 10.1.07	Ending Date: 10.01.10
------------------------	--------------------------

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 20	b. Project 20
--------------------	------------------

15. ESTIMATED FUNDING:

a. Federal	\$	288,000
b. Applicant	\$	110,000
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	370,000

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: 7/10/2007

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

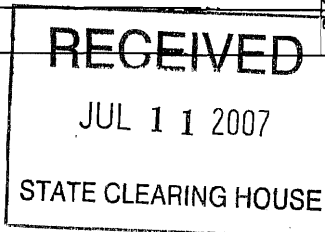
☐ Yes If "Yes" attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix: Mr.	First Name: Gabriel	Middle Name:
Last Name: Gonzalez		Suffix:
b. Title: City Manager, City of Mendota		c. Telephone Number (give area code): 559.655.32.91
d. Signature of Authorized Representative		e. Date Signed: 7/10/07

Previous Edition Usable
Authorized for Local Reproduction



Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102